

B

MAIL ROOM
CORRESPONDENCE ADDRESS
MAR 1 1990
PAT. & TRADEMARK OFF.
100, FISHER, SPIVAK,
MC CLELLAND & MAIER
CRYSTAL SQUARE FIVE - SUITE 400
1755 SOUTH JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202

MAILED

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

| CORRESPONDENCE ADDRESS | | 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) | | | | |
|--|-------------|--|-----------------------------|--|--|--------------|
| MAR 1 1990 | | INVENTOR'S NAME | | | | |
| | | Street Address | | | | |
| | | City, State and ZIP Code | | | | |
| | | CO-INVENTOR'S NAME | | | | |
| | | Street Address | | | | |
| | | City, State and ZIP Code | | | | |
| <input type="checkbox"/> Check if additional changes are on reverse side | | | | | | |
| SERIES CODE/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | | | DATE MAILED |
| 07/229,489 | 08/08/88 | 005 | RIZZO, N | | | 122 12/01/89 |
| First Named Applicant | | TAKAYA, TAKAO | | | | |

| TITLE OF INVENTION | | | | | | |
|---|----------------|-----------|-------------|--------------|----------|----------|
| CRYSTALLINE 7--(2-(2-AMINOTHIAZOL-4-YL)--2-HYDROXYIMINOACETAMIDO)--3-VINYL--3-CEPHEM-4-CARBOXYLIC ACID (SYN ISOMER) (AS AMENDED) | | | | | | |
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
| 1 18-511-0 | 540-222.000 | B10 | UTILITY | NO | \$620.00 | 03/01/90 |

| | | | |
|--|--|--|--|
| 3. Further correspondence to be mailed to the following: | | 4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. | |
| | | 1 OBLON, SPIVAK, | |
| | | 2 McCLELLAND, MAIER | |
| | | 3 & NEUSTADT, P.C. | |

DO NOT USE THIS SPACE

1 142

620.00 CK

070 03/05/90 07229489

| | | | |
|--|--|---|--|
| 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) | | 6. The following fees are enclosed: | |
| (1) NAME OF ASSIGNEE: FUJISAWA PHARMACEUTICAL CO., LTD. | | <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies -0- | |
| (2) ADDRESS: (City & State or Country) Osaka-shi, JAPAN | | <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ | |
| (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION JAPAN | | <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10) | |
| A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. | | | |
| PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. | | | |
| The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest) -24913 (Date) 3/1/90 C. Irvin McClelland 21-124 | | | |
| NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. | | | |

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PART C - CHARGE TO DEPOSIT ACCOUNT



1. CORRESPONDENCE ADDRESS

OBLON, FISHER, SPIVAK,
MC CLELLAND & MAIER
CRYSTAL SQUARE FIVE - SUITE 400
1755 SOUTH JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202

| SERIES CODE/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|--------------|
| 07/229,489 | 08/08/88 | 005 | RIZZO, N | 122 12/01/89 |
| First Named Applicant TAKAYA, TAKAO | | | | |

TITLE OF
INVENTION

CRYSTALLINE 7-(2-(2-AMINOTHIAZOL-4-YL)-2-HYDROXYIMINOACETAMIDO)-
3-VINYL-3-CEPHEM-4-CARBOXYLIC ACID (SYN ISOMER)
(AS AMENDED)

| | ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|---|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 1 | 18-511-0 | 540-222,000 | E10 | UTILITY | NO | \$620.00 | 03/01/90 |

DO NOT USE THIS SPACE

2a. The following fees are enclosed:

Issue Fee Advanced Order - # of Copies -0-
(Minimum of 10)

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 15-0030

Issue Fee Advanced Order - # of Copies _____
 Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to
apply the Issue Fee to the application identified above.

(Signature of party in interest or record)

24913
C. Trivin McClelland 21-124

(Date)

3/1/90

NOTE: The Issue Fee will not be accepted from anyone other than the
applicant; a registered attorney or agent; or the assignee or other party
in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT